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Bib Data Sheet

CONFIRMATION NO. 1669

SERIAL NUMBER 10/733,628	FILING DATE 12/11/2003 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. LEAP:127US
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** CONTINUING DATA *****

NONE

All

** FOREIGN APPLICATIONS *****

NONE

All

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	NY	7	20	3

ADDRESS

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TITLE

Microscope stage contrasting means

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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